

APPLICATION FOR CVO FEE REMISSION PROGRAM

State Form 52020 (R2/7-05)

State Student Assistance Commission of Indiana



This state of Indiana program—the *CVO Program*—provides tuition and fee assistance at public colleges for eligible children and spouses of certain Indiana public safety officers killed in the line of duty. As a supplement to other state financial aid, the grant pays 100% of tuition and program related mandatory fees; it does not cover non-tuition fees such as room and board or books. Students who might be covered under the establishing Indiana Code (IC 20-12-19.5-1 or IC 10-1-2-11) are:

- A child or spouse of a police officer, firefighter or emergency medical technician killed in the line of duty.
- A child or spouse of an Indiana state police trooper permanently and totally disabled in the line of duty.

The deceased public safety officer must have been killed in the line of duty while a legal resident of Indiana, a public employee of the state, an Indiana town, city, township, or county, and be one of the following:

- (1) A regular, paid law enforcement officer;
- (2) A regular, paid firefighter;
- (3) A volunteer firefighter (as defined in IC 36-8-12-2);
- (4) A county police reserve officer;
- (5) A city police reserve officer;
- (6) A paramedic (as defined in IC 16-18-2-266);
- (7) An emergency medical technician (as defined in IC 16-18-2-112); or
- (8) An advanced emergency medical technician (as defined in IC 16-18-2-6).

Some program restrictions apply and financial assistance may be limited. Children must be less than 23 years of age, a full-time undergraduate or graduate degree-seeking student, and the biological or legally adopted dependent child of the covered public safety officer. Spouses must be enrolled in a degree-seeking undergraduate program and must have been married to the covered public safety officer at the time of death. Both children and spouses must be regularly admitted as in-state students to one of the public colleges listed on the reverse of this page and must maintain satisfactory academic progress (as defined by the college) while receiving the fee remission. Other restrictions might apply.

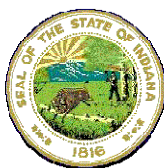
The completed application – the last 2 pages of this document – and all necessary supporting documentation must be submitted to the State Student Assistance Commission (SSACI) at least 30 days before the start of the college term. Each child (and spouse) must submit a separate application and they must re-apply whenever they change schools. The approved application will be returned to the applicant. **It must be presented at the financial aid office of the chosen college in order to receive the fee remission benefit.** If the application is not approved, the student will be so notified in writing. The application and supporting documentation must be mailed or delivered to the following address. Faxed documents will not be accepted.

CVO Fee Remission Application
State Student Assistance Commission of Indiana
150 W. Market Street, Suite 500
Indianapolis, IN 46204

Voice: (317) 232-2350 or (888) 528-4719

<http://www.in.gov/ssaci/>

Please also note that all students are **required** to file the **Free Application for Federal Student Aid (FAFSA)** each year at least two (2) weeks before they start college. This federal government form can be obtained on-line at fafsa.ed.gov or from a high school or college.



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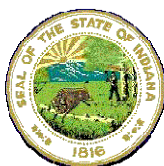
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Eligible Indiana Public Colleges for the CVO Program

| <u>Code</u> | <u>Name</u> |
|--|---|
| 001786 | <i>Ball State University</i> |
| 001807 | <i>Indiana State University</i> |
| 001808 | <i>University of Southern Indiana</i> |
| 001843 | <i>Vincennes University</i> |
| <u>Indiana University Campuses</u> | |
| 001809 | <i>Bloomington</i> |
| 001811 | <i>East (Richmond)</i> |
| E01033 | <i>IUPUC (Columbus)</i> |
| 001813 | <i>IUPUI (Indianapolis)</i> |
| 001814 | <i>Kokomo</i> |
| 001815 | <i>Northwest (Gary)</i> |
| 001816 | <i>South Bend</i> |
| 001817 | <i>Southeast (New Albany)</i> |
| <u>Ivy Tech Community College of Indiana Campuses</u> | |
| 035213 | <i>Bloomington</i> |
| 010038 | <i>Columbus</i> |
| 009925 | <i>Evansville/Tell City</i> |
| 009926 | <i>Fort Wayne</i> |
| 010040 | <i>Gary/Valparaiso/East Chicago/Michigan City</i> |
| 009917 | <i>Indianapolis</i> |
| 010041 | <i>Kokomo/Logansport/ Wabash</i> |
| 010039 | <i>Lafayette/Crawfordsville</i> |
| 009923 | <i>Madison/ Lawrenceburg/Batesville</i> |
| 009924 | <i>Muncie/Anderson/Marion</i> |
| 010037 | <i>Richmond/Connersville</i> |
| 010109 | <i>Sellersburg</i> |
| 008423 | <i>South Bend/Warsaw/Elkhart</i> |
| 008547 | <i>Terre Haute/Greencastle</i> |
| <u>Purdue University Campuses</u> | |
| 001827 | <i>Calumet</i> |
| 001828 | <i>IPFW (Fort Wayne)</i> |
| 001826 | <i>North Central</i> |
| 001825 | <i>West Lafayette</i> |



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Please complete both sides of this application

1. Please check whether you are a **child** or **spouse** of the covered publicly employed safety officer. Check one box only.

| Child | Spouse | Covered publicly employed safety officer |
|-------|--------|--|
| | | A regular, paid law enforcement officer killed in the line of duty |
| | | A regular, paid firefighter killed in the line of duty |
| | | A volunteer firefighter (as defined in IC 36-8-12-2) killed in the line of duty |
| | | A county police reserve officer killed in the line of duty |
| | | A city police reserve officer killed in the line of duty |
| | | A permanently and totally disabled state police trooper |
| | | A paramedic (as defined in IC 16-18-2-266) killed in the line of duty |
| | | An emergency medical technician (as defined in IC 16-18-2-112) killed in the line of duty |
| | | An advanced emergency medical technician (as defined in IC 16-18-2-6) killed in the line of duty |

Remarried spouses: The children of a remarried surviving spouse, or the spouse herself or himself, are still eligible to be considered for the CVO Program. If you are a child whose surviving parent has remarried or an eligible spouse who has remarried, please check here _____. Complete the following table with your current (legal) name.

2. Please complete the following about **yourself (the student applicant)**. Please print.

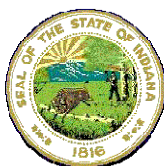
| | | | |
|--|----------------------------|--------------------|----------------|
| | | | |
| First Name | Middle Initial | Last Name | E-mail Address |
| | | | |
| Social Security Number | Date of Birth (mm/dd/yyyy) | Telephone Number | |
| | | | |
| Street Address | City | State | Zip Code |
| Please select from the list on the previous page the college you plan on attending next term | | | |
| | | | |
| College Name | College Code | Date of Enrollment | |

This section applies to children only.

3. In order to be eligible, you must be the biological child of the covered public safety officer or legally adopted by that covered public safety officer. If legally adopted, it must have been when you were less than 24 years of age; not married; had no dependents of your own; and not a veteran of the armed forces. Adoption by the spouse of a covered veteran is not valid for inclusion of a child in the CVO Program. Adoption must be in effect before application for the benefits is submitted.

Please write your initials in the appropriate space:

- a) I am the biological child of the covered officer: ____.
- b) I was legally adopted by the covered officer. *I have attached a copy of the legal documents indicating when and where I was adopted:* ____.
- c) I am not the biological child nor was I legally adopted: ____.



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4. Please complete the following about the **covered public safety officer** at the time of his or her death, or if a permanently disabled state police trooper, current information:

| | | |
|---|-----------------------------------|--------------------------------------|
| | | |
| First Name | Middle Initial | Last Name |
| | | |
| Social Security Number | Date of Birth (mm/dd/yyyy) | Date of Death (or Disability) |
| | | |
| Street Address | City | State Zip Code |
| I attest that the covered public safety officer was a public employee and a legal resident of the state of Indiana at the time of his or her death or a permanently and totally disabled Indiana state police trooper. | | |
| Your signature: | | |
| Public Safety Officer Employer Information | | |
| | | |
| Position of Covered Officer | Name of Public Employer | Street Address of Employer |
| | | |
| City of Employer | State/Zip Code of Employer | Telephone Number of Employer |

Required Attachments

You must attach to this application a letter from the public employer listed above attesting to the information you have supplied (including residency). The letter must be on the official stationary of the public safety department and signed by an appropriate chief officer of the department. The information will be verified through the 1977 Police Officers' and Firefighters' Pension and Disability Fund (PERF), the state Emergency Medical Service Agency (SEMA/EMS) or the Indiana State Police (ISP) as appropriate.

I attest that the information I have given on this application is true and accurate, that I have attached all necessary documentation with this application, and that I have read and understood the CVO Program requirements and limits:

| | |
|-----------------------|---------------------|
| | |
| Your Signature | Today's Date |

The application and supporting documentation should not be faxed but should be mailed or delivered to:

**CVO Fee Remission Application
State Student Assistance Commission of Indiana
150 W. Market Street, Suite 500
Indianapolis, IN 46204**

| | | |
|---|---|---|
| TO BE COMPLETED BY THE STATE STUDENT ASSISTANCE COMMISSION | | |
| Approved: _____ | Incomplete: _____ Please see attached explanation. | Denied: _____ Please see attached explanation. |
| | | |
| Name | Signature | Date |